

INTERPRETER INVOICE

SNOHOMISH COUNTY COURTS (Revised 4/1/10)

District: <input type="checkbox"/> Everett <input type="checkbox"/> Evergreen <input type="checkbox"/> South <input type="checkbox"/> Cascade	SUPERIOR: <input type="checkbox"/> Courthouse <input type="checkbox"/> Denney <input type="checkbox"/> Other
Municipal Court: <input type="checkbox"/> Edmonds <input type="checkbox"/> Everett <input type="checkbox"/> Lynnwood <input type="checkbox"/> Marysville	

Interpreter Name/Agency Name: _____ Language: _____ Date of Service: _____

Address: _____ Phone: _____ FAX: _____

Washington Court Certified Yes No Washington Court Registered Yes No In-Court Qualified Yes No
 Session AM PM

This invoice must be signed by a court clerk/official and submitted to the court on the day of service. All information must be supplied no later than forty-five (45) days following the service or this invoice will not be paid.

Location (Division/ Court)	Requesting Party & Job #	Case Number	Hearing Type <small>(Motion, pleas, trial, etc)</small>	Time Half-Hour increments		Total (Completed By court staff)	Clerk's Signature
				Began	Ended		

Claimant Certification: *I hereby certify that under penalty of perjury that this is a true and correct claim for interpreter services provided by me on behalf of the Court and no payment have been received by me on account thereof.*

Signature: _____ Printed Name: _____ Date: _____

Travel Documentation: See back for form

Purposes of this Form include facilitating the court's eligibility under the Washington State Administrative Office of the Courts (AOC) Interpreter Services Funding Program by:

1. Compiling data required by the AOC for interpreter services reimbursement.
2. Establishing pay rates that are in conformance with the AOC Payment Structure.

The standard rate the court intends to pay from January 1, 2008 is \$50/hour with a two hour minimum.

STAFF USE ONLY:	County job #:	AOC #:	Amount to pay: hours+mileage=total	Approved by:

Travel Payment Defined: Travel from origin to appointment, 0-15 miles, will be paid mileage. Travel from origin to appointment, 16+ miles, will be paid either mileage or time, but not both. When travel time is paid it will be at ½ the hourly rate of pay in ½ hour increments. Travel time will be paid only when traveling time is ½ hour or more. Travel is only paid from point of origin to appointment. Exception: When the interpreter’s next appointment is for the district court travel will be paid between appointments.

TRAVEL TIME REIMBURSEMENT:

Original Address: _____

Court Destination: _____

Secondary Court Destination: _____

TRAVEL			
MILES Driven	TIME (10 minute increments)	TOTAL TIME (10 minutes increments)	TOTAL BILLED

Map Quest Mileage Readout attached Yes No

COMMENTS: _____

